



## Supplemental Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	FOUR-WHEELED VEHICLE
Attorney Docket Number::	8373.311US01
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	60
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	JAPAN
Status::	Full Capacity
Given Name::	EIJI
Middle Name::	
Family Name::	OZAWA
Name Suffix::	
City of Residence::	WAKO-SHI
State or Province of Residence::	SAITAMA
Country of Residence::	JAPAN
Street of mailing address::	C/O KABUSHIKI KAISHA HONDA GIJUTSU KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address::	WAKO-SHI
State or Province of mailing address::	SAITAMA
Country of mailing address::	JAPAN
Postal or Zip Code of mailing address::	

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	JAPAN
Status::	Full Capacity
Given Name::	OUMI
Middle Name::	
Family Name::	IIDA
Name Suffix::	
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State or Province of Residence::	SAITAMA
Country of Residence::	JAPAN

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State or Province of mailing address:: SAITAMA  
Country of mailing address:: JAPAN  
Postal or Zip Code of mailing address::

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: SEIJI  
Middle Name::  
Family Name:: HIGASHIHARA  
Name Suffix::  
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State or Province of Residence:: SAITAMA  
Country of Residence:: JAPAN  
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State or Province of mailing address:: SAITAMA  
Country of mailing address:: JAPAN  
Postal or Zip Code of mailing address::

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity

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Given Name::	YUMIO
Middle Name::	
Family Name::	SHIBATA
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Country of mailing address::	JAPAN
Postal or Zip Code of mailing address::	

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	JAPAN
Status::	Full Capacity
Given Name::	KOICHI
Middle Name::	
Family Name::	SUGIOKA
Name Suffix::	
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State or Province of Residence::	SAITAMA
Country of Residence::	JAPAN
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State or Province of mailing address::	SAITAMA

Country of mailing address:: JAPAN

Postal or Zip Code of mailing address::

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: KIYOTAKA

Middle Name::

Family Name:: FUJIWARA

Name Suffix::

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State or Province of Residence:: SAITAMA

Country of Residence:: JAPAN

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KENKYUSHO, 4-1, CHUO 1-CHOME

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State or Province of mailing address:: SAITAMA

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Postal or Zip Code of mailing address::

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PAOLO

Middle Name::

Family Name:: ALLASIA

Name Suffix::

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City of Residence:: TORINO  
State or Province of Residence::  
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POMBA 17  
City of mailing address:: TORINO  
State or Province of mailing address::  
Country of mailing address:: ITALY  
Postal or Zip Code of mailing address:: 10123

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MARCO  
Middle Name::  
Family Name:: FERRARIO  
Name Suffix::  
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State or Province of Residence::  
Country of Residence:: ITALY  
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## Applicant Information

Applicant Authority Type::	Inventor
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Given Name::	RAFFAELE
Middle Name::	
Family Name::	VERGANO
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	ITALY
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State or Province of mailing address::	
Country of mailing address::	ITALY
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## Applicant Information

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Status::	Full Capacity
Given Name::	<u>ANDREAS</u>
Middle Name::	
Family Name::	WACHTLER
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State or Province of Residence::	
Country of Residence::	ITALY

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Country of mailing address:: ITALY  
Postal or Zip Code of mailing address:: 10123

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	TO2002A000687	07/31/02	Yes
JAPAN	2003-157359	06/02/03	Yes

### Assignee Information

Assignee Name:: HONDA GIKEN KOGYO KABUSHIKI KAISHA  
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State or Province of mailing address:: TOKYO  
Country of mailing address:: JAPAN  
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